

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #:
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency/C = Cancelled) : O			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: CSX Transportation			
Address: 500 Water Street			
City: Jacksonville	State: FL	ZIP: 32202	
Contact: Rocky Connolly		Tel: 727-271-4784	
REMOVAL CONTRACTOR: CSX Transportation			
Address: 500 Water Street			
City: Jacksonville	State: FL	ZIP: 32202	
Contact: Rocky Connolly		Tel: 727-271-4784	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / O = Ordered Demolition/R = Renovation/E = Emergency) : D			
IV. IS ASBESTOS PRESENT? (Yes/No): No: building was abated of all ACM on 1/28/2016			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: NY 751 Battery House			
Address: Alexander Road			
City: Batavia	State: NY	County: Genesee	
Site Location: MP 405.51 adjacent to the CSX Rail South of the ROW			
Building Size:	Sq Meter:	Sq Ft: 1944	# of Floors: 1
Present Use: Vacant		Prior Use: Battery House	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Building was inspected on 9/29/2014 for asbestos following NYDOL and AHERA protocols by Mr. Walter Klock, NYDOL Inspector Certification 11-00861. Suspect material was analyzed by EMSL Labs using PLM (NYS 198.1 and NYS 198.6) and TEM (NOB 198.4)			

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: 1. Regulated ACM to be removed: 2. Category I ACM not removed 3. Category II ACM not removed:	RACM to be removed	Non-friable Asbestos Material not to be removed Cat I Cat II	Indicate Unit of Measurement below UNIT
Pipes - Linear Feet:			LnFt: Ln M:
Surface Area - Square Feet			SqFt: Sq M:
Volume RACM off Facility Component			CuFt: Cu M:
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: NA Completion:			
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: 5/16/2016 Completion: 5/23/2106			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition and removal of the building down to the concrete pad.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: No ACM is present in the Building

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 912 Pleasant Street

City: Waukesha

State: WI

ZIP: 53186

Contact Person: John Miller

Telephone: 262-278-4454

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Waste Management

Address: 912 Pleasant Street

City: Waukesha

State: WI

ZIP: 53186

Telephone: 262-278-4454

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: A NYSDOL licensed asbestos inspector/project monitor will be onsite during the demolition. If any ACM is discovered all activities will stop and NYDOL will be contacted.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

Walter Klock as agent for CSX: _____

Signature of Owner/Operator

Date

4-22-2016

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date